

DIETARY SODIUM REDUCTION TO REDUCE BLOOD PRESSURE IN PATIENTS WITH HYPERTENSION: EVIDENCE-BASED NURSING

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THEMATIC PAPER ADVISORY COMMITTEE: SARUNYA KOOSITAMONGKOL Ph.D., AURAWAMON SRIYUKTASUTH, D.S.N.

ABSTRACT

Hypertension is a non-communicable disease that is escalating in incidence as a medical and public health problem worldwide. According to previous studies, dietary sodium has been found to be associated with hypertension.

The present study was conducted to summarize current evidence on dietary sodium reduction to reduce blood pressure in hypertensive patients and draw conclusions on recommendations based on the evidence obtained. The search strategy followed PICO framework of Melnyk and Fineout-Overhold 2015. The relevant evidence from 2006 to 2015 came from various electronic databases in the Mahidol University library system.

The author's search yielded three systematic reviews (Level-I) and three RCTs (Level-II). The author appraised the evidence and drew conclusions based on recommendations about dietary sodium reduction in hypertensive patients. The recommendations are as follows: 1) dietary sodium reduction is an effective intervention to reduce blood pressure for all groups of hypertensive patients; 2) patients should reduce sodium intake to 3-5 g/day for at least four weeks for lower systolic and diastolic BP; 3) dietary advice should be provided for patients and their families by trained nurses; 4) descriptions of high blood pressure, risk factors and complications should be given in addition to the importance of and strategies for sodium reduction and 5) sources of foods with low sodium content, alternative foods and DASH diet eating plans should also be provided.

Based on the findings, clinical practice guidelines should be developed on dietary sodium reduction as suitable for the Bangladeshi context. Nurses should be trained in dietary sodium reduction. Further research is recommended to evaluate the effectiveness of sodium reduction within the context of Bangladesh with clinical practice guidelines for nurses.

KEY WORDS: HYPERTENSION/DIETARY SODIUM REDUCTION / EVIDENCE-BASED NURSING

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